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## 245.20A

### Referral from the WIC Program

#### Overview

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##### Introduction

A copy of the Referral from the WIC Program form is printed on the following page.

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**Iowa WIC Program**  
**Referral from the WIC Program**

To:

From:

Regarding:

Reason: \_\_\_\_\_

\_\_\_\_\_  
Please send any follow-up communication regarding this referral to the WIC agency at the address listed above.

**Authorization for Release of Information**

I give permission to the WIC Program to release confidential information from my WIC record to the person or agency named above. I understand that the information is needed for this referral. I understand that the release of information for the above participant is valid for the duration of enrollment in the Iowa WIC program.

\_\_\_\_\_  
Signature of participant/parent/guardian    Staff signature

\_\_\_\_\_  
Date

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- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
(2) Fax: (202) 690-7442; or  
(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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